COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER

PG3749USW

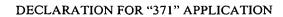
I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

				STATUS (Check one)		
U.S.	. Parent Application of Number		Filing Date DD/YYYY)	PATENTED	PENDING	ABANDONED
the U.S.	OF ATTORNEY: A Patent and Trademark	As a named inventor, I hereby appoint the coffice connected therewith. (List name	e following attorney(s) ar and registration number)	nd/or agent(s) to pros	ecute this application a	Ind transact all business in
		23347 PATENT TRADEMARK OFFICE				
	Correspondence to:				T Direct Tolombono Co	
senge = - TJ		23347				Ann Morgan 483-8222
: %# 		PATENT TRADEMARK OFFICE				
	and belief are be statements and t willful false stat	e that all statements made herein of elieved to be true; and further that the like so made are punishable by tements may jeopardize the validi	t these statements we y fine or imprisonments ity of the application	ere made with the ent, or both, unde	knowledge that w r 18 U.S.C. 1001, a	illful false
2	FULL NAME OF INVENTOR	FAMILY NAME CLAYTON	FIRST GIVEN NAME Nicholas		SECOND GIVEN NAME. Maughan	INITIAL
- Tj	INVENTOR'S SIGNATURE				DATE:	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN O		COUNTRY OF CITIZEN	SHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Trian		STATE & ZIP CODE/CO NC 27709 US	UNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME COLLINS	FIRST GIVEN NAME Susanne		SECOND GIVEN NAME/	INITIAL
	INVENTOR'S	COLLING	Susanne		Denise DATE:	
0	RESIDENCE & CITIZENSHIP	CITY Stevenage	STATE OR FOREIGN C Hertfordshire,		COUNTRY OF CITIZEN	SHIP
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Trian		STATE & ZIP CODE/CO NC 27709 US	UNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME FOORD	FIRST GIVEN NAME Steven		SECOND GIVEN NAME/ Michael	INITIAL
ĺ	INVENTOR'S SIGNATURE	Ster u. Foorie	^		DATE: 17.01.	
0	RESIDENCE & CITIZENSHIP	Stevenage	Hertfordshire,		COUNTRY OF CITIZENS GB	SHIP
3 .	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box	Research Trian	ıgle Park	STATE & ZIP CODE/COO NC 27709 US	UNTRY



COMPAND PROF			
	RATION FOR UTILITY		ATTORNEY'S DOCKET PG3749USW
APPLICATION WITH	I POWER OF ATTORN	EY	First Names Inventor:
			CLAYTON
]			
			Complete if known:
() Declaration submitted with initial	filing or		App No.:
()Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))		Filing Date
			Filling Date
			Group Art Unit:
As below named	l inventor. I hereby declare that:		
My residence, post office	address and citizenship are as stated	below next to my name.	
(if plural names are listed	l, first and sole inventor (if only one r below) of the subject matter which is	name is listed below) or an original, for a claimed and for which a patent is so	irst and joint inventor ught on the invention
entitled: USE OF EP4 REC	EPTOR LIGANDS IN THE TREAT		IN AND COLON
فات ا			
the specification of which	n (check only one item below):		
[]is attached hereto.			
[X] was filed on	as United States appl	ication Serial No. or PCT Internation	nal
applicable)	0/07669 filed 8 August 2000 and wa	s amended on (MM/DD/YYYY)	(if
# Therefore 44 4 1 1			
I hereby state that I have	reviewed and understand the contents dment specifically referred to above.	of the above-identified specification	, including the claims,
as amended by any amen	unem specifically referred to above.		
I hereby state that I have as amended by any amended by any amended by any amended by any amended by a section of the section	disclose information which is mater	al to patentability as defined in 37 C	FR §1.56.
I hereby claim foreign pr	iority benefits under 35, U.S.C. §119	(a)-(d) or $8365(b)$ of any foreign apply	lications(s) for patent
or inventor's certificate or	r 365(a) of any PCT international app	lication which designated at least one	country other than the
United States of America	, listed below and have also identified	below, by checking the box, any for	eign application for
patent or inventor's certif	icate or of any PCT international appl		
which priority is claimed	:		

	RIORITY CLAIMS UNDER 35 U.		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s) 1. 9918745.2	C.D.	(MM/DD/YYYY))	CLAIMED
1. 9918745.2 2. 9928437.4	GB	08/10/1999	X
3.	GB	12/01/1999	х
4.			
5.			-
	itle 35, United States Code §119(e) of	Fany United States provisional applic	vation(s) listed below:
Application No.		Date (MM/DD/YYYY)	anon(s) nsied below.
7 ipplication 140.	T limig 1	Cate (MINIDDI I I I I I	
2.			
3.			
4.			



2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME Gerard	SECOND GIVEN NAME/INITIAL Martin, Paul
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	Welwyn	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box	Research Triangle Park	NC 27709 US
		13398		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER

PG3749USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check of	one)			
U.S. Parent Application or PCT Parent Number		Parent Filin (MM/DD/Y		PATENTED	PENDING	ABANDONED	
POWER the U.S. I	OF ATTORNEY: A Patent and Trademark	s a named invent Office 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or, I hereby appoint the foll	owing attorney(s) and registration number)	or agent(s) to prosec	cute this application and	transact all business in
±1							
:3		PATENT TRADE	MARK OFFICE				
:==							
Ţ	Correspondence to: 23347					lls to: nn Morgan 83-8222	
j		•	PATENT TRADEMARK OFFI	CE			
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13	I fici coy ucciaic	that all statem	ents made herein of nue; and further that the	ny own knowledge	e are true and the	it all statements ma	ide on information
	and belief are be	ha lika sa mad	le are punishable by fi	ese statements we	re made with the	* Knowledge that w	iiiiui iaise
n.			opardize the validity of				ind that such
: m==		ements may je	opardize the validity (or the application	or any patent iss	uning thereon.	
2	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	CLAYTON		Nicholas		Maughan	
	INVENTOR'S SIGNATURE					DATE:	
0	RESIDENCE &	CITY	1	STATE OR FOREIGN C	OUNTRY	COUNTRY OF CITIZENS	SHIP
Ů	CITIZENSHIP	Stevenage		Hertfordshire,	GB	GB	
	POST OFFICE	POST OFFICE AD		CITY		STATE & ZIP CODE/CO	UNTRY
1	ADDRESS	GlaxoSmith		Research Trian	gle Park	NC 27709 US	
•		Five Moore 13398	Drive, PO Box				
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	COLLINS		Susanne	·	Denise	
	INVENTOR'S SIGNATURE	Ą	. co()			<u>DATE:</u> 18/	01/02.
0	RESIDENCE &	CITY		STATE OR FOREIGN C		COUNTRY OF CITIZENS	SHIP
	CITIZENSHIP POST OFFICE	Stevenage POST OFFICE AD	DRESS	Hertfordshire,	GD	STATE & ZIP CODE/CO	UNTRY
2	ADDRESS	GlaxoSmith		Research Trian	gle Park	NC 27709 US	0.11.11.1
-			Drive, PO Box		G		
		13398					
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	FOORD		Steven		Michael	
	INVENTOR'S					DATE:	
0	SIGNATURE	CITY		STATE OR FOREIGN C	OUNTRY	COUNTRY OF CITIZEN	CHID
٧	RESIDENCE & CITIZENSHIP	Stevenage		Hertfordshire,		GB	J1111
	POST OFFICE	POST OFFICE AD	DRESS	CITY		STATE & ZIP CODE/CO	UNTRY
3	ADDRESS	GlaxoSmith		Research Trian	gle Park	NC 27709 US	
			Drive, PO Box				
		13398					

DECLARATION FOR "371" APPLICATION						
COM APPI	APPLICATION WITH POWER OF ATTORNEY ACTION WITH POWER OF ATTORNEY ACTION PATENT ATTORNEY'S DOCKET PG3749USW First Names Inventor: CLAYTON					
	Complete if known: App No.:					
()Deci	()Declaration submitted after initial filing (surcharge required 37CFR1.16(e)) Filing Date					
	Group Art Unit:					
	As below name	d inventor. I hereby declare that:				
	My residence, post office	e address and citizenship are as stated belo	ow next to my name.			
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: USE OF EP4 RECEPTOR LIGANDS IN THE TREATMENT OF NEUROPATHIC PAIN AND COLON					
	the specification of whic	h (check only one item below):				
J	[]is attached hereto. OR					
: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[X] was filed on	as United States applicat	tion Serial No. or PCT Internation	nal		
	Application Number EPO applicable)	00/07669 filed 8 August 2000 and was an	nended on (MM/DD/YYYY)	(if		
		reviewed and understand the contents of adment specifically referred to above.	the above-identified specification	, including the claims,		
	I acknowledge the duty t	o disclose information which is material t	o patentability as defined in 37 C	FR §1.56.		
	I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
		PRIORITY CLAIMS UNDER 35 U.S.C				
Prio	r Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
	8745.2	GB	08/10/1999	х		
	28437.4	GB	12/01/1999	х		
3. 4.			•			
5.						

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No. Filing Date (MM/DD/YYYY)

2.
3.
4.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GIBLIN	Gerard	Martin, Paul
	INVENTOR'S		·	DATE:
	SIGNATURE	<u></u>		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Welwyn	Hertfordshire, GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box		
		13398		

ATTORNEY'S DOCKET NUMBER PG3749USW

COMBINED DECLARATION FOR UTILITY or DESIGN

PATENT APPLICATION WITH POWER OF ATTORNEY Continued I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION STATUS (Check one) U.S. Parent Application or PCT Parent Parent Filing Date PATENTED PENDING ABANDONED Number ' (MM/DD/YYYY) POWER OF ATTORNEY: As a named is the U.S. Patent and Trademark Office connects: the following attorney(s) and/or agent(s) to prosecute this application and transact all business in and registration number) PATENT TRADEMARK OFFICE Send Correspondence to: Direct Telephone Calls to: Lorie Ann Morgan 919-483-8222 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. FAMILY NAME **FULL NAME** FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR CLAYTON Nicholas Maughan INVENTOR'S DATE: ð *S* ∞ *G* **SIGNATURE** RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage Hertfordshire, GB (**GB** POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS** GlaxoSmithKline Research Triangle Park NC 27709 US Five Moore Drive, PO Box 13398 FAMILY NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FIRST GIVEN NAME **COLLINS** OF INVENTOR Susanne Denise INVENTOR'S DATE: **SIGNATURE** RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP Stevenage POST OFFICE ADDRESS Hertfordshire, GB 📣 CITIZENSHIP GB STATE & ZIP CODE/COUNTRY POST OFFICE NC 27709 US ADDRESS · GlaxoSmithKline, Inc. Research Triangle Park Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME FOORD** Michael OF INVENTOR Steven **INVENTOR'S** DATE: SIGNATURE RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Stevenage Hertfordshire, GB (GB STATE & ZIP CODE/COUNTRY POST OFFICE **GlaxoSmithKline** Research Triangle Park NC 27709 US **ADDRESS**

Page 2 of 3

Five Moore Drive, PO Box

13398

COMBINED DECLARATION	PG3749USW				
APPLICATION WITH POV	First Names Inventor: CLAYTON				
Declaration submitted with initial filing of	r		Complete if known: App No.:		
()Declaration submitted after initial filing (su	rcharge required 37CFR1.16(e))		Filing Date		
•			Group Art Unit:		
As below named inventor	or. hereby declare that:				
My residence, post office address	and citizenship are as stated belo	w next to my name.			
I believe I am the original, first a (if plural names are listed below) entitled:	nd sole inventor (if only one name of the subject matter which is cla	e is listed below) or an original, fi imed and for which a patent is so	irst and joint inventor ought on the invention		
	GANDS IN THE TREATMEN COLON CAN		PATHIC PAIN AND		
the specification of which (check [] is attached hereto. OR [X] was filed on	only one item below):		•		
[]is attached hereto. OR	er.		•		
[X] was filed on	as United States applicat	ion Serial No. or PC	T International		
Application Number <u>EP00/07669</u> applicable)	filed 8 August 2000 and was an	nended on (MM/DD/YYYY)	(if		
I hereby state that I have reviewe as amended by any amendment so I acknowledge the duty to disclose I hereby claim foreign priority be or inventor's certificate or 365(a). United States of America, listed I		he above-identified specification	, including the claims,		
I acknowledge the duty to disclos	e information which is material to	o patentability as defined in 37 C	FR §1.56.		
I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY PRIORI					
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1. 9918745.2 2. 9928437.4	GB GB	08/10/1999	X		
2. 9928437.4	GB	12/01/1999	X		
I hereby claim the benefit under Title 35, Application No.		y United States provisional applie (MM/DD/YYYY)	cation(s) listed below:		
2.					
]			

2	FULL NAME OF INVENTOR	FAMILY NAME GIBLIN	FIRST GIVEN NAME GERALD	SECOND GIVEN NAME/INITIAL Martin, Paul
(JL)	INVENTOR'S SIGNATURE			DATE:
$\sqrt{\mathbf{v}_{\mathbf{v}}}$	RESIDENCE & CITIZENSHIP	Welwyn	STATE OR FOREIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box	Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
	l	13398		

COM APP	COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY					JEY'S DOCKET JSW nes Inventor: FON
() Dec	laration submitted with initial	l filing or			App No	ete if known:
()Decl	()Declaration submitted after initial filing (surcharge required 37CFR1.16(e))				Filing D	Date
			Group A	Art Unit:		
	As below name	d inventor. I here	eby declare that:			
	My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.		
	I believe I am the origina (if plural names are listed entitled:	al, first and sole in d below) of the su	nventor (if only one name object matter which is classes	e is listed below) or an original, aimed and for which a patent is s	first and jo ought on tl	int inventor he invention
	USE OF EP4 REC	EPTOR LIGAN	DS IN THE TREATM CANCER	ENT OF NEUROPATHIC PA	IN AND	COLON
215 225	the specification of which	h (check only one	e item below):			
	[]is attached hereto. OR [X] was filed on		as United States applicat	tion Serial No. or PCT Internation	onal	
				nended on (MM/DD/YYYY)		(if
	I hereby state that I have as amended by any amen	reviewed and und dment specificall	derstand the contents of y referred to above.	the above-identified specification	n, includin	g the claims,
J.	I acknowledge the duty to	o disclose inform	ation which is material to	o patentability as defined in 37 C	CFR §1.56.	i
The state of the s	I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
	FOREIGN AND ANY F Foreign Application		IMS UNDER 35 U.S.C Country	. 119: Foreign Filing Date		PRIORITY
	Number (s)	`	Country	(MM/DD/YYYY))		CLAIMED
	8745.2		GB	08/10/1999		х
2. <u>992</u>	8437.4	•	GB	12/01/1999		Х
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I hereby	claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional appli	cation(s) li	isted below:
	Application No.			(MM/DD/YYYY)		
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2. 3.						
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER **PG3749USW**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	U.S. PARENT	APPLICATION or PCT PAREN	T APPLICATION		
				STATUS (Check	onal
115	Parent Application or	PCT Parent Parent Fil	ing Date PATENTED	PENDING ABANDONED	
Number		(MM/DD		FENDING	ABANDONED
		(MIMIO)	,,,,,,		
					<u> </u>
POWER	OF ATTORNEY:	As a named inventor, I hereby appoint the fo	ollowing attorncy(s) and/or agent(s) to pr	osecute this application and	transact all business in
the U.S. I	Patent and Trademark	Office connegred the remitte of ist name an	d registration number)	,,	
		Office connected the aniel (1 is name an			
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		23347	•		
		PATENT TRADEMARK OFFICE			
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	orrespondence to:			Direct Telephone Ca	ills to:
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		! TERITO ([886]) E.			nn Morgan 483-8222
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1512	Y1	that all statements made herein of			
T.	i nereby declare	that all statements made herein of	my own knowledge are true and	that all statements ma	ade on information
	and belief are be	clieved to be true; and further that t	hese statements were made with	the knowledge that w	rillful false
ark.	statements and t	he like so made are punishable by	fine or imprisonment, or both, ur	nder 18 U.S.C. 1001, a	and that such
:	willful false stat	ements may jeopardize the validity	of the application or any patent	issuing thereon.	
- i		,			
: 15					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	/INITIAL
2 ::	OF INVENTOR	CLAYTON	FIRST GIVEN NAME [Nicholas	SECOND GIVEN NAME Maughan	/INITIAL
2 ::	OF INVENTOR INVENTOR'S				MITAL
2 13	OF INVENTOR INVENTOR'S SIGNATURE	CLAYTON	Nicholas	Maughan <u>DATE</u> :	
2 ::	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	CLAYTON	Nicholas STATE OR FOREIGN COUNTRY	Maughan DATE: COUNTRY OF CITIZEN	
2 :: 0 II	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CLAYTON	Nicholas STATE OR FOREIGN COUNTRY Hertfordshire, GB	Maughan <u>DATE</u> : COUNTRY OF CITIZEN GB	SHIP
2 :: 0 II	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	CLAYTON CITY Stevenage POST OPPICE ADDRESS	STATE OR FOREIGN COUNTRY Hertfordshire, GB	Maughan DATE: COUNTRY OF CITIZEN GB STATE & ZIP CODE/CO	SHIP
2 . NE O E	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CLAYTON CITY Stevenage POST OPPICE ADDRESS GlaxoSmithKline	Nicholas STATE OR FOREIGN COUNTRY Hertfordshire, GB	Maughan <u>DATE</u> : COUNTRY OF CITIZEN GB	SHIP
2 0 III II II	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	CLAYTON CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box	STATE OR FOREIGN COUNTRY Hertfordshire, GB	Maughan DATE: COUNTRY OF CITIZEN GB STATE & ZIP CODE/CO	SHIP
2 . NE O E	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	CLAYTON CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park	Maughan DATE: COUNTRY OF CITIZEN GB STATE & 2.1P CODE/CO NC 27709 US	SHIP
	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME	CLAYTON CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Nicholas STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park FIRST GIVEN NAME	Maughan DATE: COUNTBY OF CITIZEN GB STATE & 2:19 CODE/CO NC 27709 US SECOND GIVEN NAME	SHIP
2 0 0 0 5 C	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	CLAYTON CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park	Maughan DATE: COUNTBY OF CITIZEN GB STATE & ZIP CODE/CO NC 27709 US SECOND GIVEN NAME Denise	SHIP
	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S	CLAYTON CITY Stevenage POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Nicholas STATE OR FOREIGN COUNTRY Hertfordshire, GB CITY Research Triangle Park FIRST GIVEN NAME	Maughan DATE: COUNTBY OF CITIZEN GB STATE & 2:19 CODE/CO NC 27709 US SECOND GIVEN NAME	SHIP
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Five Moore Drive, PO Box

13398

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DECLARATION FOR "371" APPLICATION

FROM SBTOX THE FRYTHE

2	FULL NAME OF INVENTOR	GIBLIN /	FIRST GIVEN NAME Gerard	SECOND GIVEN NAMEZINITIAL Martin, Paul
	INVENTOR'S SIGNATURE	Months		DATE: \$31St Jamery 2002
0	RESIDENCE & CITIZENSHIP	Welwyn	:TATE OR FORLIGN COUNTRY Hertfordshire, GB	COUNTRY OF CITIZENSHIP GB
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	STATE 4 ZIP CODE/COUNTRY NC 27709 US
	-	Five Moore Drive, PO Box 13398		

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